

Motivational Enhancement Therapy / Cognitive Behavior Therapy (MET/CBT)

April 2, 2025



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Agenda

- Welcome & Intros
- MET/CBT Overview
- Training Locations & Dates
- Registration Survey / CEs
- Q&A



Housekeeping



Slides will be available after the webinar



This webinar is being recorded and will be distributed to all registrants



All participants have been muted. Please use the chatbox to ask questions/comments

Information discussed and shared is accurate as of today.



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Welcome & Intros



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MET/CBT Overview



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ICBT – Integrated change therapy – MI, MET & CBT

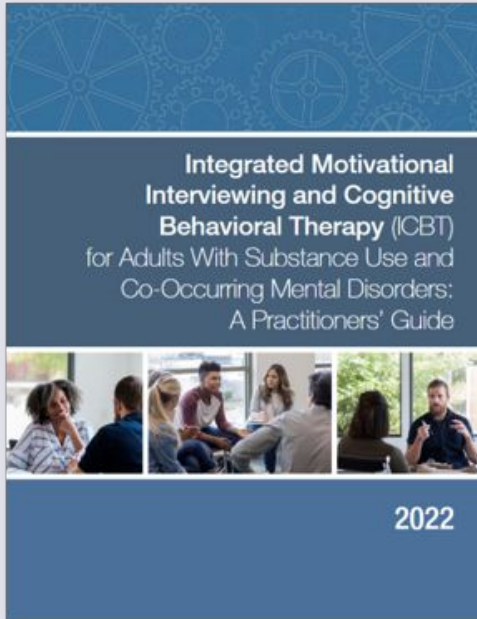
Fundamental Background



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What is the ICBT Model?



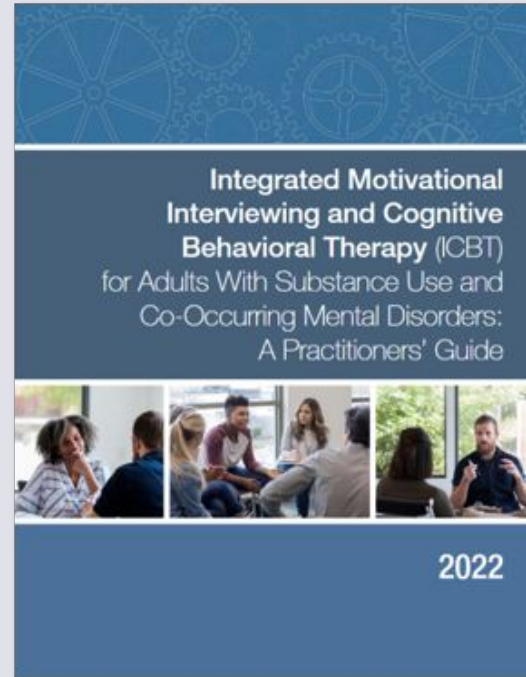
ICBT or Integrated Motivational Interviewing and Cognitive Behavioral Therapy Model is synonymous with Motivational Enhancement Therapy and Cognitive Behavioral Therapy.

- There are **7** *core* SUD sessions based in MI and CBT.
The core sessions focus on **building collaboration** & **early recovery skills**.
- There are a total of **16** sessions in your manual.
Allowing this treatment to be individualized and expanded into a more intensive outpatient intervention for persons with an SUD and/or co-occurring disorder

ICBT Core Clinical Sessions

- **Session 1** – Building Rapport and Collaboration
Eliciting “The Life Movie” and Change Plan
- **Session 2** – Enhancing Awareness
- **Session 3** – Learning Assertiveness
- **Session 4** – Supporting Recovery through
Enhanced Social Supports
- **Session 5** – Healthy Replacement Activities
- **Session 6** – Problem Solving
- **Session 7** – Handling Urges, Cravings, and
Discomfort (Urge Surfing)

Other sessions are negotiated based on client need and choice

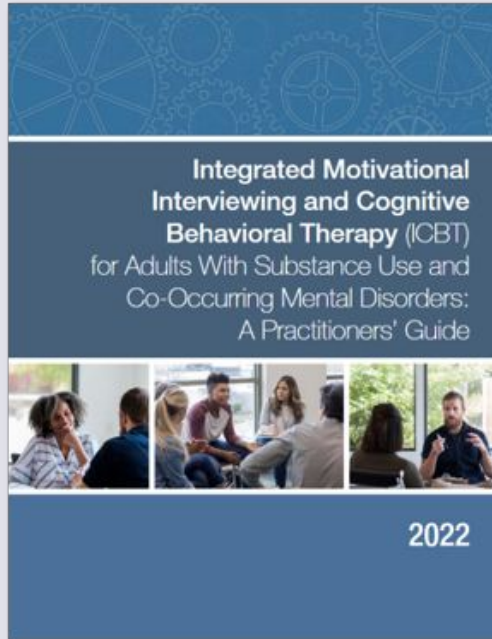


Additional ICBT Clinical Sessions

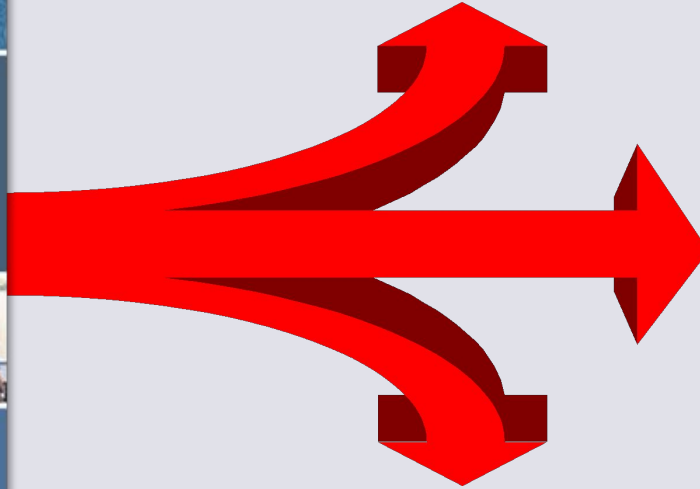
These additional 9 clinical sessions can be tailored to individualize treatment.

- **Session 8.** Making Important Life Decisions
- **Session 9.** Enhancing Self-Awareness
- **Session 10.** Mindfulness, Meditation, and Stepping Back
- **Session 11.** Working with Thoughts
- **Session 12.** Working With Emotions: Fostering Some, Dissolving Others
- **Session 13.** The Next Chapter: Wellness Planning
- **Session 14.** Use of Medication in Support of Treatment and Recovery
- **Session 15.** Engagement With Self-Help and Recovery Support
- **Session 16.** An MET/CBT Approach for Traumatic Stress and Substance Use

The ICBT Manual



Section 1. An overview of evidence-based tools and techniques in ICBT treatment



Section 2. Clinician Guide for the 15 Clinical Sessions

Section 3. Techniques and tools supporting fidelity of implementation and clinical supervision



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ICBT Clinical Guide Structure for each session

1. Introduction and Session Goals

Session 1. Eliciting the Life Movie & Change Plan

Introduction & Session Goals

This session focuses on building rapport and building motivation for change through the Eliciting the Life Movie conversation. Eliciting the Life Movie is an important part of ICBT. The Life Movie is a motivational interviewing, semi-structured discussion designed to explore the following domains of the patient's life in relation to their primary reasons for seeking treatment including history and severity, benefits of use, problems caused by use, reasons for considering change, and current motivation to change. The Life Movie is an opportunity to explore themes from the initial assessment in greater depth to increase the patient's insight, motivation, and readiness to enact changes in their substance use.

Prior to the first session, the clinician uses the patient's assessment and screening information to further understand the patient's current substance use and other domains of their life. In reviewing the assessment information, the clinician begins to develop an understanding of the patient's substance use, how it has affected their life, and potential areas to explore to further build rapport and build motivation for change. Then, the clinician and patient discuss the core areas of the Life Movie during the initial treatment session as a way to begin the conversation about where the patient stands in relation to alcohol or other substance use and what he or she would like to accomplish. The clinician identifies the patient's overall risk level related to substance use to share with the patient during the first session.

See the session 1 handouts at the end of the guide, which provide the necessary framework to facilitate and deliver competent Life Movie discussions. The handouts include Treatment Information sheet as well as a clinician's reference sheet to help guide the Life Movie discussion.

With the approach described here, the patient experiences a nonjudgmental conversation with a skilled health person providing support, empathy, and a desire to collaborate on a journey toward wellness. The patient develops an awareness of substance-related health risks and begins to question his or her readiness to address the risks now. The patient commits to following through on any number of "readiness" tasks prior to the next meeting.

2. Clinician Preparation

Clinician Preparation

Session 1. Eliciting the Life Movie

Materials

- ▶ ICBT Treatment Information Sheet
- ▶ Eliciting the Life Movie clinician reference
- ▶ Change Plan and Quit Agreement
- ▶ Optional: Learning New Coping Strategies

Session Length
45-60 minutes

Delivery Method
MET-focused individual therapy

Strategies

- ▶ Follow OARS: Open-Ended Questions, Affirmations, Reflections, Summary,
- ▶ Make use of EDARS: Express Empathy, Develop Discrepancy, Awareness of Ambivalence, Roll with Sustain Talk/Discord, Support Self-Efficacy.
- ▶ Identify stage of change.
- ▶ Engage in the four phases of MI: Engage, Focus, Evoke, and Plan
- ▶ Discuss and offer feedback to help emphasize personal reasons for change.
- ▶ MI readiness ruler and decisional balance
- ▶ Develop a "real-life practice challenge" and generate commitment.

Goals for This Session

- ▶ Build the alliance between the patient and clinician.
- ▶ Orient the patient to what might be expected in treatment sessions, the demands on time to attend, and the time needed for practice between sessions.
- ▶ Build on the data gathered during the assessment session by engaging the patient in the Life Movie conversation.
- ▶ Explore the domains of the Life Movie, eliciting the patient's core values and enhancing the patient's motivation for change by:
 - Discussing the patient's substance use and associations with problems in the Life Movie domains;
 - Facilitating the patient's candid reflection on the consequences of substance use;
 - Exploring the patient's attitudes about change, including ambivalent attitudes;
 - Eliciting, acknowledging, and reinforcing the patient's expressions of motivation to change; and
 - Affirming any patient expressions of readiness to develop a "change plan," and identify change strategies.
- ▶ Develop a between-session "challenge" focused on having the patient complete the "Change Plan" handout.

ICBT Clinical Guide Structure for each session

3. Session Outline and Overview

Session 1 Outline and Overview

First Third

1. Establish Rapport:
 - ▶ Welcome the patient.
 - ▶ Share the session agenda. Invite items from the patient.
 - ▶ Engage in non-problem focused rapport building, exploring areas of the patient's life not directly related to treatment.
2. Review of Progress:
 - ▶ Ask the patient for his or her feelings and thoughts about the assessment session.
 - ▶ Engage the patient in a brief review of their progress related to their substance use, mental health, and related experiences since the previous session.
 - Did the patient make an effort to stop? Cut down?
 - Did the patient experience any high-risk or tempting situations?
 - ▶ Reinforce expressions of motivation.
3. Using the Treatment Information Sheet, discuss treatment expectations.

Second Third

4. Provide a rationale for the Eliciting Life Movie discussion
 - ▶ Ask the patient if they understand the reasons why the activity will be helpful in their treatment.
5. Explore each domain of the life movie, conveying the MI spirit and using MI strategies. Elicit and reflect any problems related to substance use and any positive reasons for change including living by core values.
 - ▶ Reinforce confidence in efforts to reduce use and/or quit.
6. Summarize the Eliciting Life Movie discussion emphasizing "ambivalence" and readiness.
 - ▶ Elicit and reinforce the patient's readiness to change

Third Third

7. Negotiate Between Session Challenge
For the patient ready to make change
 - ▶ Assist the patient in preparing for change.
 - ▶ Ask and elicit a commitment from the patient to complete the "Change Plan" Before the next session.

Develop a specific reduction target, if the patient has not already stopped

Engage in non-problem focused rapport building, exploring areas of the patient's life not directly related to treatment.

Ask the patient for his or her feelings and thoughts about the assessment session.

Engage the patient in a brief review of their progress related to their substance use, mental health, and related experiences since the previous session.

Reinforce expressions of motivation. The clinician may ask the patient to express his or her thoughts regarding the assessment process and any major changes that have occurred since the assessment session. Possible responses from the patient might be—

Ask the patient if they understand the reasons why the activity will be helpful in their treatment.

Explore each domain of the life movie, conveying the MI spirit and using MI strategies.

Summarize the Eliciting Life Movie discussion emphasizing "ambivalence" and readiness.

Elicit and reinforce the patient's readiness to change

Assist the patient in preparing for change.

Ask and elicit a commitment from the patient to complete the "Change Plan" Before the next session.

4. Protocol with Scripts

Session 1 Protocol with Scripts

Establish Rapport

The clinician welcomes the patient and provides an overview of the first session, in which the clinician further builds rapport and explores domains of the patient's life with the goal of exploring the potential relationship between these domains, the patient's personal goals, and their substance use. The clinician invites the patient to provide additional agenda items for the session.

As part of building rapport, the clinician should ask the patient about non-problem areas of the patient's life. For example, the clinician may offer:

Clinician (C): Thank you for coming in today. I realize that you are here to explore your goals around your substance use. Before we get to that though, I would love to learn a little more about you. What do you feel is important for me to know about you – for example, your interests or ways you spend your time?

Review of Progress

Next, the clinician may ask the patient to express his or her thoughts regarding the assessment process and any major changes that have occurred since the assessment session. Possible responses from the patient might be—

- ▶ Abstinence since entering treatment
- ▶ A reduction in substance use
- ▶ Seeking additional treatment or attendance at a mutual-help program
- ▶ Conversations about his or her use with others

The clinician responds empathically, uses opportunities to support the patient's self-efficacy for change, and reinforces expressions of motivation. See two examples below.

Clinician (C): I know last time you were here, you completed our assessment. I'm wondering how things have been since then.

Shirley (S): After answering all these questions about my using, I am more aware of it than ever! Nothing has changed yet, but I'm thinking about it. My husband has been very supportive.

C: And his support means a lot to you.

S: You bet! He's someone I can count on.

C: That's good to hear. Let's be sure to talk about specific requests you might make of him for support in the future.

C: You arrived a little late for your appointment. Is this a good time for you, or would a different time work better?

Doug (D): No, this is fine. There was a lot of traffic.
Integrated Change Therapy

Thank you for coming in today. I realize that you are here to explore your goals around your substance use. Before we get to that though, I would love to learn a little more about you. What do you feel is important for me to know about you – for example, your interests or ways you spend your time?

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Integrated Change Therapy

35

ICBT Clinical Guide Structure for each session

5. Handouts

ICBT Session 1. Eliciting Life Movie and Change Plan Handouts

Treatment Information Sheet

I just want to take a few minutes to discuss what you can expect from us and what we expect from you. Over the coming weeks we will be working together (individually and as a group) to help you achieve your goals. I am moving too quickly for you. I have but may not recognize your strengths. It's most helpful if you let me know what you would appreciate about your treatment. Change is difficult for you. I will do my best to help you. I don't mean that treatment is hard for you. I ask that you refrain from using substances. We will discuss this in our meetings and practice exercises. Then we will spend some time on your goals. I may ask you to do things that you find challenging or judged on what you are doing. I encourage you to practice these things. If I ask you to do something, we can come up with an idea. I may have regarding the hard to working together with you.

Eliciting the Life Movie: MI Conversation

Goal:

Using motivational interviewing strategies focusing primarily on open ended questions and complex and compassionate reflections to promote an initial understanding of the person's life and values, beliefs and priorities.

Provide rationale for the life movie:

"I would really like to understand more about you, your everyday life & important background including family, other relationships, your work and other passions. To collaborate in ways that make sense for you"

Ask permission:

"How does this sound to you as a place for us to start our work together, so you can be better and that we are on the same page?"

General questions to start off with:

- "What was your last week like?"
- "What do you feel has gone well for you recently?"
- "What has been troubling for you?"
- "Has there been anything you'd like to change?"

Areas of Life Movie Exploration:

- Family of origin
 - Tell me about what it was like for you growing up in your family?
 - What are the ways in which your family has influenced your alcohol use?
 - What are the ways you feel your early experiences with your family have influenced your alcohol use?
 - What are some values you developed growing up that are important to you?
- Today's significant others
 - Tell me about the people in your life that you are closest to.
 - What is your relationship with your spouse/partner/significant other?
 - How does your significant other feel about your alcohol and/or drug use?
- Work (or school)
 - What do you love about your work/school?
 - What are the ways work/school causes stress or challenges for you?
 - How has your alcohol and/or drug use affected your work/school?
 - Ideally, what would you like to be doing for your career?
- Health (physical and mental)
 - How do you feel physically? Emotionally?
 - What are the ways you try to take care of yourself?

Learning New Coping Strategies (Handout)

Developing Alternatives...

You can do many things to stop using substances. Some may work better than others. Some help you resist the urge to use or avoid tempting situations or satisfy your need. Add any that may be helpful for you. (substances) before or when you made you're doing something to take care of yourself. Remind yourself that learning and change are comfortable. Remember the changes person, started a new job, or learned frustrated, impatient, or anxious, in a take you to feel relaxed? Did you learn

First Actions

- Avoid or escape from situations that resist temptation, especially a delay decisions to give in to urges.
- Delay decisions to give in to urges.
- Breathe. Focus on the fresh air on each exhalation.
- Change your physical position. Stand up.
- Carry things to put in your mouth.
- Carry objects to fiddle with: a rubber band, a pen, a paperclip, etc.
- Have a distracting activity available.

New Activities

- Exercise or take a brisk daily walk from your destination; walk in nature.
- Practice relaxation or meditation techniques later in our work together.
- Take up a hobby or pick up an old hobby.
- Drink less coffee; switch to decaf.
- Engage in an enjoyable activity that you like.
- Change routines associated with using substances; don't spend time with friends who use substances.

New Thoughts

- Self-talk. Give yourself a pep talk; use positive affirmations; challenge any wavy thoughts.
- Imagery and visualization. Visualize yourself getting pink and healthy; or feeling good.

Integrated Change Therapy

A Change Plan

It is important to be thinking about the changes you would like to make in your life now. Regarding substance use, you may be ready to become abstinent or perhaps you want to decrease your use or even consider changing when or how you use. You likely are thinking about other changes in addition to substance use as well. The change plan should be expressed verbally at a minimum but can also be in writing. Ideally, making changes and sticking to commitments works best when you actually write out your goals. Responses to the following questions will create a simple but powerful plan for change.

Change Plan

Person's Name _____

1. The changes I want to make are— (specifics)

2. The most important reasons I want to make these changes are—

a. _____

b. _____

c. _____

3. The steps I plan to make in changing are—

a. _____

b. _____

c. _____

Why was this model developed?

- Most persons, including youth, receiving outpatient services attend **6 sessions or fewer**.
- To develop a model designed to fit within **diverse practice settings**.
- To provide a model rooted in **evidence-based clinical skills** and interventions that are easily transferable from one setting to another.
- To give **structure without being overly prescriptive** or restrictive and allow integration into clinicians' personal styles and creativity.

Population Served

ICBT is appropriate for:

Adults & with Substance Use Disorder and Mild to Moderate co-occurring anxiety, depression and/or traumatic stress

Youth with the same challenges with modifications

The intervention has been delivered for those with more serious mental health vulnerabilities. However, other models may better address the needs of this population (IDDT or PACT).

ICBT Theory of Change

- **MI** – Through engagement and collaboration we help our clients to become **ready, willing and able** to change.
- **CBT** –Builds client mindful awareness and targeted intrapersonal and interpersonal skills (**aware, avoid, cope and replace**). These skills are necessary for change.

ICBT Theory of Change

- **True North** – Align and anchor clinical work with client’s priorities and chosen core values.
- **Activation** – Treatment may take place in the office. Recovery takes place through deliberate action in the community.
- **Cultural Relevance** - Culture must be understood contextually and through an intersectional lens. Particularly when we work across cultures, its important to embrace that your patients are the experts in their lives.
- **Structured Delivery** – An inherent structure to delivery of the clinical sessions supports patient understanding and fidelity to clinical skills delivery

Most versions of CBT have MI as the conversational platform

Why?

Because MI helps:

- Build rapport
- Clients feel heard, understood and accepted
- Build and sustain motivation for change
- Both client and clinician identify core values and beliefs that can be the drivers for change

**CBT differs
from less
structured
“talking”
models of
treatment
because it...**

Addresses interpretations of events as important cues for self limiting behavior

Provides structure (every week the clinician devotes a specific amount of time at a specific time in the session to a particular activity)

Incorporates experiential learning strategies

Informs and teaches (but is still collaborative)

CBT **addresses** **Intrapersonal** **skills building**

- Begins with building personal awareness (mindfulness).
- Focuses identifying and managing thoughts and urges to use substances; addressing negative and self-defeating thoughts.
- Helps clients learn how to become or remain calmer, internally assess thoughts and feelings, and successfully manage and navigate what can be powerful and uncomfortable emotional states.
- Helps persons to be aware of values and life priorities and to make decisions aligned with chosen values.

CBT **addresses** **Interpersonal** **skills building**

- Targets management of life situations where people are an important factor and builds a sense of self efficacy.
- Assesses interpersonal situations, appropriate boundary management and assertiveness skills important in multiple domains of a person's life.
- Builds and strengthens clients' ability to effectively express their feelings, communicate their thoughts, and be sensitive to the thoughts and feelings of others.

Training Objectives

1. Learn about the **development and theory of the combined MI and CBT** evidence-based **approach** for substance use and co-occurring disorders.
2. Learn **how MI is utilized** to assess client willingness, readiness and ability to engage in treatment plans, activities and build recovery capital.
3. Understand **how to deliver effective interventions with all populations** while utilizing the basic main activities of the combine MI & CBT model.
4. Practice and **begin building competence** in the effective and essential skills and strategies of MI, MET, CBT and how to combine them for increased effectiveness.

Day 1 Agenda – – 9:00am to 4:30pm

Brief review of Motivational Interviewing

Brief review of Cognitive Behavior Therapy

Familiarize participants with the clinician's manual

Begin practicing the following core ICBT sessions:

- Eliciting the Life Movie

- Enhancing Situational Awareness

*Training methods include review of material via lecture, trainer demonstrations, participant practices, and discussion

Day 2 Agenda – 9:00am to 4:30pm

Overview of content for sessions 3 through 7 of the ICBT model including:

- Assertive Communication

- Enhancing Social Support

- Healthy Replacement Activities

- Problem Solving

- Coping with Urges and Cravings

Practice delivery of content of sessions listed above

Discussion on how to begin implementing within your program or organization

*With our training approach, we emphasize the importance of making the delivery as relevant and potent as possible for your clients.

Training Locations & Dates



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May 29-30: Syracuse

Prevention Network CNY

906 Spencer St, Syracuse, NY
13204

June 3-4: NYC

Partnership to End Addiction

711 3rd Ave 5th Floor, New York,
NY 10017

June 5-6: Long Island

Outreach Recovery

998 Crooked Hill Rd Building 5,
Brentwood, NY 11717

June 12-13: Albany

OASAS Regional Office

1450 Western Ave, Albany, NY
12203

June 26-27: Buffalo

Clinical and Research Institute on
Addictions, University at Buffalo

1021 Main Street, Buffalo, NY
14203

Pre-Training Work Requirements

- The pre-training work enables the training to be focused mainly on ICBT delivery and not spending a lot of time on background content
- **Two parts** (will take about 60 minutes individually and 60 minutes in group supervision):
 - Read the introduction to the manual (app. 27 pages with diagrams) and the intro to working with youth/young adults (app. 6 pages)
 - Supervisors of the agencies host a supervision session using provided discussion questions to help the training participants assimilate and discuss the ICBT framework
 - If no group supervision, individuals can work with others in their agency to read the discussion questions and jot down their thoughts to answers
- Digital copies of the manual and handouts will be emailed to registered participants



Registration Survey



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Registration Survey

- [Link](#) will be distributed
 - 1 person per agency to complete
 - Deadline **April 18th**
- For collecting demographics and making sure each location has appropriate number of participants
- CEs will be available



Q&A



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